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PTO/SB/81 (06-03)

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INDICATION FORM**

Application Number	10/667,637
Filing Date	September 22, 2003
First Named Inventor	Ajoy P. Raju
Title	Slurry Activation of Fischer-....
Art Unit	1754
Examiner Name	
Attorney Docket No.	1856-35501 (9830.0-02)

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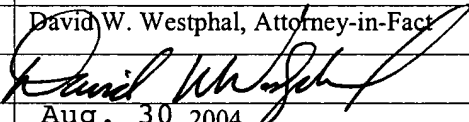
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☐ Applicant/inventor.

Under 37 CFR 3.73(b) Assignee certifies that it is:

☒ Assignee of record of the entire interest. Assignment Recorded 01/23/2004 at Reel/Frame 014912/0733.

SIGNATURE of Applicant or Assignee of Record

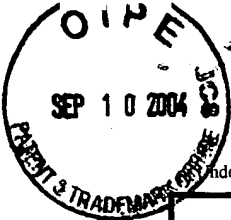
Assignee	ConocoPhillips Company
Name	David W. Westphal, Attorney-in-Fact
Signature	
Date	Aug. 30, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/667,637
		Filing Date	September 22, 2003
		First Named Inventor	Ajoy P. Raje
		Art Unit	1754
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	1856-35501 (9830.0-02)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Power of Attorney and Correspondence Address Indication Form (1 p.)
Remarks		

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Signature			
Date	September 8, 2004		
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